12281

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — LENGTH OF STAY (in this place): less than 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Anne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall + (Skinner's Neck
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) PRESTON (Last) ASHLEY
4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, ~~(Specify)~~
8. DATE OF BIRTH: Jan 22, 1929
9. AGE last birthday: 24 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WATERMAN
10b. KIND OF BUSINESS OR INDUSTRY: FISHING
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? W. Sq
13. FATHER'S NAME: ALLEN WRIGHT ASHLEY
14. MOTHER'S MAIDEN NAME: HELEN S. WATSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) 1948-1952
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: MRS. Allen Ashley — Rock Hall - Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

819X

Immediate cause (a) Internal injuries - chest & abdomen - sustained in auto accident on 12-26-53 — 30 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway — (CITY OR TOWN): near Rock Hall — (COUNTY): Kent — (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Auto - Fixed Object

22. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ hell in inspection of the remains, ~~19~~, ~~to~~, 19, that I ~~[illegible]~~ saw the deceased died ~~alive~~ on 12-26, 1953 and ~~that death occurred at~~ m., from the causes and on the date stated above.

SIGNATURE: Robert W. Farr — (Degree or title): M.D. — ADDRESS: Chestertown, Md. — DATE SIGNED: 12-26-53

23. ~~BURIAL~~, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: 12-30-53
NAME OF CEMETERY OR CREMATORY: Wesley Chapel
LOCATION (City, town, or county): Rock Hall — (State): Md

DATE REC'D BY LOCAL REG.: Dec. 29-1953
REGISTRAR'S SIGNATURE: Clara S. Barnes
24. FUNERAL DIRECTOR: Edgar L. Lane — ADDRESS: Church Hill Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1

RECEIVED
JAN 4 1954
BUREAU V. S.

12285

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
LENGTH OF STAY (in this place): 4 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Anne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Nr. McGinnis Corner
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mario	Garcia	Banus	Dec. 11 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	Married	7/6/1893	60 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Doctor of Science	Medical School	Spain	USA (1937)

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Garcia e. Banus	Banus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	no	Mrs. Marjorie Banus Chestertown, Md. (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	4 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11-13, 1953 to 12-11, 1953, that I last saw the deceased alive on 12-11, 1953 and that death occurred at 12 30 m., from the causes and on the date stated above.

SIGNATURE: Alfred Banus M.D. (Degree or title) ADDRESS: Chestertown, Md. DATE SIGNED: 12-13-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	12/14/1953	Silverbrook Crematory	Wilmington, Dela.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 13-1953	Clara L. Barnes,	J. Willis Wells - Chestertown, Md.	

VS-A15

RECEIVED
DEC 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12286

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown R 1
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall X
STREET ADDRESS (If rural give location) Gratitude

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) C. (Last) Berner

4. DATE OF DEATH: (Month) Dec. (Day) 4, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 28, 1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired) Certified Public accountant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York City

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George M. Berner

14. MOTHER'S MAIDEN NAME: Elizabeth Pargmann

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: yes- ~~but~~

17. INFORMANT & ADDRESS: Mary D. Berner Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary thrombosis — Interval Between Onset And Death: 10 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Renal-cardio-vascular disease — at least 10 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 21, 1953 to Dec. 3, 1953, that I last saw the deceased alive on Dec 3, 1953, and that death occurred at 10 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard F Smith MD ADDRESS Rock Hall, Md DATE SIGNED Dec. 4, 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec. 7, 1953 NAME OF CEMETERY OR CREMATORY St. John's Catholic Cemetery LOCATION (City, town, or county) (State) Rock Hall, Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 3, 1953 REGISTRAR'S SIGNATURE Clara L. Barnes

24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12287

CERTIFICATE OF DEATH

Reg. Dist. No. 200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galt X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X
MARYLAND
LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galt X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) (Last) BROWN

4. DATE OF DEATH: (Month) Dec. (Day) 25 (Year) 19 53

5. SEX: M.

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 25, 1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farm labor

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Perry Brown

14. MOTHER'S MAIDEN NAME: Mary Warner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-16-9597

17. INFORMANT & ADDRESS: Rebecca Potts - Galt, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 443X Stroke — Interval Between Onset And Death: 36 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertensive Heart Disease — 3 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec 23, 1953, to Dec 25, 1953 that I last saw the deceased alive on Dec 23, 1953 and that death occurred at 10 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) H. H. Hamilton M.D. ADDRESS Millington, Md. DATE SIGNED 12/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec. 27, 1953 — NAME OF CEMETERY OR CREMATORY Wesley Emory Cem. — LOCATION (City, town, or county) Galt (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec. 26, 1953 — REGISTRAR'S SIGNATURE Edward Fellows

24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

RECEIVED
DEC 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12288

CERTIFICATE OF DEATH

Reg. Dist. No. 2-02

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 31
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) STERLING (Middle) ALFRED (Last) CROUCH

4. DATE OF DEATH: (Month) Dec. (Day) 30 (Year) 1953

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: 4/27/1880 | 9. AGE last birthday: 73 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Wash. Crough
14. MOTHER'S MAIDEN NAME: Mollie Stopper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Daisy Crough Rock Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.0
Immediate cause (a) Coronary thrombosis — Interval between onset and death: 14 days
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic heart disease — Years
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 16, 1953, to Dec. 30, 1953, that I last saw the deceased alive on Dec. 30, 1953, and that death occurred at 10.30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Willard F. Smith MD ADDRESS Rock Hall, Md DATE SIGNED Jan. 2 54

23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF 1/2/54 | NAME OF CEMETERY OR CREMATORY Wesley Chapel | LOCATION (City, town, or county) Rock Hall | (State) Md

DATE REC'D BY LOCAL REG. Jan. 2 - 1954 | REGISTRAR'S SIGNATURE Clara L. Barnes. | 24. FUNERAL DIRECTOR Edgar L. Lane | ADDRESS Church Hill Md

RECEIVED
JAN 4 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12289

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne's Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Chestertown

3. NAME OF DECEASED (Type or Print): (First) John (Middle) H. (Last) George

4. DATE OF DEATH: (Month) Dec. (Day) 25 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 22 1908

9. AGE last birthday: 45 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Line Foreman.

10b. KIND OF BUSINESS OR INDUSTRY: Rayon Plant

11. BIRTHPLACE (State or foreign country): Stall Pond - Kent Co. Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Harry H. George

14. MOTHER'S MAIDEN NAME: Emma Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-09-6070

17. INFORMANT AND ADDRESS: Mrs. Marion C. George Chestertown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X

Immediate cause (a) Probable Acute Yellow Atrophy of Liver — Interval between onset and death: 1 2 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Renal Failure — 2 d.

(c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-19, 1953, to 12-25, 1953, that I last saw the deceased alive on 12-25, 1953, and that death occurred at 9:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Raymond W. Hopkins M.D. Chestertown, Md. 12-27-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 27 1953

NAME OF CEMETERY OR CREMATORY: Chester Cemetery

LOCATION (City, town, or county) (State): Chestertown Maryland

DATE REC'D BY LOCAL REG.: Dec. 27-1953

REGISTRAR'S SIGNATURE: Dana L. Barnes.

24. FUNERAL DIRECTOR: Marvin C. Williams — ADDRESS: Chestertown Md.

RECEIVED
DEC 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 75 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anne's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE N.J. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural, give location) 1357 Asbury Ave.

3. NAME OF DECEASED: (Type or Print) (First) Elinor (Middle) K (Last) Horsey

4. DATE OF DEATH: (Month) (Day) (Year) December 5 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: April 28, 1910
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.N.
10b. KIND OF BUSINESS OR INDUSTRY: Nursing
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard D. Knotts
14. MOTHER'S MAIDEN NAME: Susie Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: Hosp. records-Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
170X Immediate cause	(a) Carcinoma of liver, metastatic	1 year
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Carcinoma of the right breast	3½ years
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15, 1953 to 12-5, 1953, that I last saw the deceased alive on 12-5, 1953, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

SIGNATURE A. C. Dick (DEGREE OR TITLE) M.D. ADDRESS Chestertown, Md. DATE SIGNED 12-5-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 8, 1953
NAME OF CEMETERY OR CREMATORY Greenmount Cem.
LOCATION (City, town, or county) (State) Hillsboro, Md.

DATE REC'D BY LOCAL REG. Dec. 7-1953
REGISTRAR'S SIGNATURE Clara S. Barnes
24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
DEC 9 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12291

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galt Mad Rt. LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Wm. (Last) Johnstone
4. DATE OF DEATH (Month) 12 (Day) 19 (Year) 53
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 2-26-1871
9. AGE last birthday 82 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Del.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Johnstone
14. MOTHER'S MAIDEN NAME Elizabeth Collinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Robert Johnstone Galt Md RD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 8 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Asthmatic Bronchitis — 7 years

(c) Arteriosclerotic Cardio-Vascular — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1937, to 12-19-, 1953, that I last saw the deceased alive on 12-19-, 1953, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE Walter C. Lee (Degree or title) M.D. ADDRESS Middletown Del. DATE SIGNED 12/20/53

23. BURIAL, CREMATION REMOVAL, (Specify) Burial
DATE 12-23-53
NAME OF CEMETERY OR CREMATORY Sassafras Cemetery
LOCATION (City, town, or county) (State) Sassafras Md.

DATE REC'D BY LOCAL REG. Dec. 22, 1953
REGISTRAR'S SIGNATURE Edward Gellows
24. FUNERAL DIRECTOR G. Lester Daniels ADDRESS Middletown Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[redacted]: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
DEC 23 1 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A[illegible] 7

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall — LENGTH OF STAY (in this place): 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gratitude Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Clate (Middle) H. (Last) Frederick

4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 30 1873

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wesley Hubbard

14. MOTHER'S MAIDEN NAME: Mary Ellen Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None.

17. INFORMANT AND ADDRESS: Mr. T. Weldon Jones - Rock Hall, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 6 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — 4 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952, to Dec. 9, 1953, that I last saw the deceased alive on Dec. 9, 1953, and that death occurred at 6.15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard F. Smith MD — ADDRESS: Rock Hall, Md — DATE SIGNED: 12/14/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 16 1953 — NAME OF CEMETERY OR CREMATORY: Wesley Chapel Cemetery — LOCATION (City, town, or county) (State): Rock Hall, Maryland

DATE REC'D BY LOCAL REG.: Dec 15-53 — REGISTRAR'S SIGNATURE: S. Elwood Burgess — 24. FUNERAL DIRECTOR — ADDRESS: Mason L. Williams - Chestertown, Md.

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STILL POND
LENGTH OF STAY (in this place) 20 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STILL POND
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) REBECCA (Last) MEDDERS

4. DATE OF DEATH (Month) DEC. (Day) 4 (Year) 1953

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH JAN. 27, 1862
9. AGE last birthday 91 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ALBERT MEDDERS
14. MOTHER'S MAIDEN NAME CAROLINE VIRGINIA BOYD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS WM. E. MEDDERS STILL POND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Thrombosis of Carotic Artery

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cancer of Left Breast.

(c) —

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct 20, 1953, to Dec 4, 1953, that I last saw the deceased alive on Dec 4, 1953, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE L. P. Alwell (Degree or title) M. D. ADDRESS Still Pond Md DATE SIGNED Dec 6

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) BURIAL
DATE THEREOF DEC. 7, 1953
NAME OF CEMETERY OR CREMATORY STILL POND CEMETERY
LOCATION (City, town, or county) STILL POND, MD. (State)

DATE REC'D BY LOCAL REG. 12/7/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR B. R. FELLOWS ADDRESS STILL POND, MD.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 9 1953
BUREAU V. S.

See Birth cert. for Item 2. ams. 22-1-54

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2102

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crumpton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) BABY (Middle) BOY (Last) RASH
4. DATE OF DEATH: (Month) Dec (Day) 30 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	W		12-28-53	yrs.		1 + 30		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	USA

13. FATHER'S NAME: Lewis Rash
14. MOTHER'S MAIDEN NAME: Elmer C. Cecil
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Lewis Rash Crumpton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Premature – (26-27 weeks)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Respiratory failure –	30 hours
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-28, 1953, to 12-30, 1953 that I last saw the deceased alive on 12-30, 1953 and that death occurred at 12 30 p.m., from the causes and on the date stated above.

SIGNATURE: R Leet Starr (Degree or title) M.D. ADDRESS Chestertown, Md DATE SIGNED 12-30-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 31 1953	Millington	Millington Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 2-1954	Clara L. Barnes.	Edward Pillow	Millington Md

2 V 18 241

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If correct, write "correct" in item 1. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. D 021

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anns

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural give location) 109 Water

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) E (Last) Skinner

4. DATE OF DEATH: (Month) December (Day) 13 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 1, 1884

9. AGE Last birthday: 69 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Executive

10b. KIND OF BUSINESS OR INDUSTRY: Textile

11. BIRTHPLACE (State or foreign country): Port Deposit, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Skinner

14. MOTHER'S MAIDEN NAME: Mary Currier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 057-01-0758

17. INFORMANT & ADDRESS: Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X
Immediate cause (a) Cancer of the lung — DUE TO — Interval Between Onset And Death: 1½ mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1-53, 19 53, to 12-13, 19 53, that I last saw the deceased alive on 12-13, 19 53, and that death occurred at 2:20 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
ailSick M.D. Chestertown, Md. 12-13-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 15 1953 — NAME OF CEMETERY OR CREMATORY: St. Paul Cemtery — LOCATION (City, town, or county) (State): Fairlee Kent Co. Maryland

DATE REC'D BY LOCAL REGISTRAR: Dec. 12-1953 — REGISTRAR'S SIGNATURE: Clara L. Barnes. — 24. FUNERAL DIRECTOR: Mann V. Williams — ADDRESS: Chestertown, Maryland

VS. A15

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

12296

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (In this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Butlertown)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton, R.D.
STREET ADDRESS (If rural, give location) Butlertown

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) L. (Last) Tilghman
4. DATE OF DEATH (Month) 12 (Day) 12-53 (Year) 19

5. SEX F
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wid.
8. DATE OF BIRTH 12-7-1874
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Kent Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Stevens
14. MOTHER'S MAIDEN NAME Sylvia Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS James E. Walker, Worton, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9160 Immediate cause (a) Burns - severe — only a few minute

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Worton (COUNTY) Kent (STATE) Md
TIME OF INJURY (Month) 12 (Day) 12 (Year) 1953 (Hour) 5 15 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Stove set house on fire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) Md. ADDRESS Chestertown, Md DATE SIGNED 12-14-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 14, 1953
NAME OF CEMETERY OR CREMATORY Butlertown Cemetery
LOCATION (City, town, or county) (State) Butlertown, Kent Co.

DATE REC'D BY LOCAL REG. Dec. 14, 1953
REGISTRAR'S SIGNATURE Clara S. Barnes
24. FUNERAL DIRECTOR Marvin V. Williams
ADDRESS Chestertown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 16 1953
BUREAU V. S.

Film#G160 Item#7 1/7/54 emp

12297

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) less than 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington
STREET ADDRESS (If rural, give location) 706 N. Buttonwood St.

3. NAME OF DECEASED (Type or Print) (First) WILLIE (Middle) (Last) WILLIAMS
4. DATE OF DEATH (Month) 12 (Day) 17 (Year) 1953

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 16, 1929
9. AGE last birthday 24 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour
10b. KIND OF BUSINESS OR INDUSTRY Fort Pit Packing Co.
11. BIRTHPLACE (State or foreign country) Mississippi
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1952
16. SOCIAL SECURITY NO. 425-42-8000
17. INFORMANT AND ADDRESS - Cards carried by deceased -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

825X

Immediate cause (a) Multiple head injuries including -

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) fractured skull and intracranial hemorrhage 2 hours

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway near (CITY OR TOWN) Millington (COUNTY) Kent (STATE) Md.
TIME OF INJURY (Month) 12 (Day) 16 (Year) -53 (Hour) 11:30 a.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? In auto accident

22. I hereby certify that I ~~attended~~ relived the deceased from Lebanon inspection and that ~~I last saw~~ the deceased died ~~alive~~ on 12-17, 1953, ~~and that death occurred at~~ ~~m.~~ from the causes ~~and on the date~~ stated above.

SIGNATURE R Hert N Farr (Degree or title) M.D. ADDRESS Chestertown, Md. DATE SIGNED 12-17-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 22 1953
NAME OF CEMETERY OR CREMATORY Mt Olive
LOCATION (City, town, or county) Wilmington (State) Del.

DATE REC'D BY LOCAL REG. Dec. 19-1953
REGISTRAR'S SIGNATURE Clara S. Barnes
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

RECEIVED
DEC 22 1953
BUREAU V. S.